

STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS **ONLY** TO BE USED FOR THE ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.) ☐ Lease ☐ Purchase ☐ Donation ☐ Other Explain: ☐ Portion of the identified existing water right IF FOR SEASONAL OR TEMPORARY, START DATE _4 / _1 /_ END DATE3 / 31 /_ **IF MORE SPACE IS NEEDED, ATTACH A	FEE \$ CHECK No SEPA: DE E	OR OFFICE USE ONLY 3 - OUR TOCK WRIA 41 FED 03 127 PM3 BY REC'D 03 1 14 PM3 xempt D Not exempt
1. Applicant Information:		
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Excelsior Mortgage Equity Fund II, LLC	(503) 747-6910	(503) 747-6803
ADDRESS		
5800 SW Meadows Road, Suite 230 CITY	STATE	ZIP CODE
Lake Oswego	OR	97035
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Donald L. Dimmitt	(509) 662-3685	(509) 662-2452
ADDRESS		
P.O. Box 1688 CITY	STATE	ZIP CODE
Wenatchee	WA	98801
2. Water Right Information:		
WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)	
G3-00670C	Columbia Feeders, Inc	
DO YOU OWN THE RIGHT? X YES NO IF NO, PI	ROVIDE OWNER(S) NAME and ADD	DRESS:
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAS ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER F		NO YES X NO
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTE SEE ATTACHED COLUMBIA FEEDERS WATER RIGHT TENTA		
Please attach copies of any documentation that of was established. Also, if you have a water system application.		
63-400670 CWR15	OFFICE USE ONLY	mont all
WATER RICHT NO	FILE (contract) NO	1000
WATER RIGHT NO	FILE (contract) NO	DONA
	/	

	Iteration in meth	od of diversion	n	L Alter	ation in v	water use	/ irrigated acreage		
□ A	Iteration in meth	od of delivery	conveyance	e Noni	Nonuse of one or more points of diversion				
	Alteration in method of water application			⊠ Nont	Nonuse of all or a portion of the named water right				
Alteration in type of crop				Othe	Other, Explain below:				
Name	of funding sour	ce(s):							
NAT	ER RIGHT	DESCRIP	TION *						
4. A. Ex	Point(s) o	f Diversio	n/With	Irawal:					
	SOURCE	NO.	1/4 1/	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #	
	2 Wells	Gov Lot 13		5	20	22	20220510000		
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^{*} If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued) B. Proposed: IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED Columbia River Remarks and Other Relevant Information: See attached Report 2 Wells - The certificate indicates that the two wells are approximately 1,000' North and 100' West of the SE corner of Section 5. RH2's onsite visit determined that the wells were actually located approximately 100' North of the SE corner of Section 5 and virtually on the eastern boundary of Section 5. Well logs - A note in the water file from 1978 indicates that the well logs cannot be located but that Well #1 is 8' in diameter and 62' deep and that Well #2 is 14' in diameter and 64' deep. This right is being processed to change the stock and domestic to irrigation under DOUG 13-03. Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Signatures: I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me. Excelsior Mortgage Equity Fund, II, LLC Same (Water Right Holder) (Land Owner(s) of Existing Place of Use) IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE. WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

ADDITIONAL SIGNATURES REQUIRED

STAFF:

OTHER/EXPLANATION:_

CI SECTION _____ IS INCOMPLETE

DATE: __